

Travel Authorizations*, AD-202

Review annual Delegation of Authority from Area Director (AD) to know what level of authority is needed to approve AD-202s.

*See NFC Title II (Voucher and Invoice Payments Manual), Chapter 2 (Travel and Transportation Payments), Section 1, (Travel System) for specific completion instructions. Abbreviated instructions for completion follow.

There are two steps to set up a non-government traveler in NFC's Travel System for the **first time**. 1) Complete the following two forms: FFIS Vendor Request and Name Supplemental. 2) Either Fax directly to NFC's Travel and Transportation Section at 504-255-6307 or to your LAO to establish the traveler on NFC's supplemental name file **prior** to submitting the first authorization. (If you do not know this information, your LAO or the Area Travel Assistant can provide it to you).

If non-government person is traveling for an ARS interview you must also complete form REE-11 in addition to the FFIS and Name Supplemental forms.

FFIS Vendor Request Form

For Payments to Individuals

Vendor Type: (Circle one) E -- Federal Employee payrolled by NFC. Q -- New Hires, Federal Employees not Payrolled by NFC, Federal retirees, and all non-Government persons)	Alternate Address Code: (Circle one) Z -- Travel EFT Account reimbursements S -- Travel payments to mailing address (Type Q Vendors only) I -- Payments requiring a 1099 income statement
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To be entered by Vendor Coordinator:

Vendor Code: <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">E</div>	Action Code: (Circle one): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Add Change </div>
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Name (26):

First	MI	Last
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Address Line 1 (30)

Address Line 2 (30)

City (19)	State (2)	Zip Code (9)	Phone Number (11)
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Employing Agency:	Social Security Numbers					—			—			
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Bank Information											
Complete only for Electronic Funds Transfer (EFT) payments from the Government.											
Bank Name (30):								Bank Routing Number (9):			
Account Number (17):								Type Account: (Circle One) Checking Savings			
City (20):								State (2):		Zip Code (9):	

Vendor Signature: _____
 (only if Bank Information is provided)

Date: _____

Originating Office Contact:

Name (Please print)	Phone No.
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Agency Code (03, 18, 20, or 22)	Office Mailing Address
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Name Supplement File Form

Unified Travel System (TRVL)

Please add the following person to the Name Supplement File:

Traveler's Name:						Enter Code:		Action Code:			
<div>Last<div></div>First<div></div>MI<div></div></div>								A = ADD U = UPDATE			
<div>(Address Line 1)<div></div></div>											
<div>(Address Line 2)<div></div></div>											
<div>City<div></div></div>				<div>State<div></div></div>				<div>Zip Code<div></div></div>			
Social Security Number:			<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
T & A Contact Number:											
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Organizational Structure Code:											
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Originating Office Number (OON):											
A	G	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Submitted by: _____ Date: _____
(Please Print or Type)

Phone Number: (____) _____

Fax To Travel & Transportation Section, NFC: 504-255-5255

NFC

Received By
NFC Recipient: _____ **Date:** _____
(Please Print or Type)

Confirmation
Receipt To: (____) _____
(Fax Number)

U.S. DEPARTMENT OF AGRICULTURE
RESEARCH, EDUCATION, AND ECONOMICS

NEW HIRE RECRUITMENT INCENTIVES

A. Recommendation and Approval of: Check appropriate box(es) and attach to certificate.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> 1. Pre Employment Interviews
(Attach list of all candidates) | <input type="checkbox"/> 3. Travel & Transportation Expenses | <input type="checkbox"/> 4. Superior Qualifications/Advanced Step
(See E. below & attach REE-13) |
| <input type="checkbox"/> 2. Recruitment Bonus
(Complete C below) | <input type="checkbox"/> (a) First Post of Duty
<input type="checkbox"/> (b) Demonstration Project | |

7. Name (last, First, MI)

SEE ATTACHED

8. Tentative Reporting Date

9. Position Title, Series, Grade, Step

GENETICIST, GS-0440-12 PD# 4W3XXX

10. Location

PLANT INTRODUCTION, AMES, IOWA

B. Justification: Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. Shortage of qualified applicants | <input type="checkbox"/> 4. Emerging Technology | <input type="checkbox"/> 7. Labor Market Conditions |
| <input type="checkbox"/> 2. Recent Turnover Rate | <input type="checkbox"/> 5. Urgency to Fill Position | <input type="checkbox"/> 8. Other (explain in narrative statement) |
| <input type="checkbox"/> 3. Unique Qualifications | <input type="checkbox"/> 6. Salary Comparability/Offer Issues | |

C. Recruitment Bonus: Attach Service Agreement signed by Selectee.

Pay Comparability Act (FEPCA)

- ☐ Up to 25% of Base Salary
- _____ % of Salary equivalent
- to \$ _____

Demonstration Project

- ☐ One Lump Sum payment (upon EOD) of \$ _____
- ☐ Deferred (Payment within 36 months of EOD) Select one of the following:
- ☐ One Lump Sum of \$ _____ payable on _____
- ☐ Incremental payments (attach payment agreement signed by selectee).

D. Payment of Travel and Transportation Expenses: Attach Service Agreement signed by Selectee.

- ☐ Travel & Transportation Expenses of appointee and/or family
- ☐ Travel Expenses above PLUS any of the following (for Demonstration Project New Hires Only):
- ☐ Per diem allowance for immediate family (5 U.S.C. 5724a.(a)(1))
- ☐ House hunting trip travel and expenses (5 U.S.C. 5724a.(a)(2))
- ☐ Temporary quarters subsistence expenses (5 U.S.C. 5724a.(a)(3))
- ☐ Sale of residence expenses (5 U.S.C. 5724a.(a)(4)(A) & (B))
- ☐ Purchase of residence expenses (5 U.S.C. 5724c.)

E. Superior Qualifications Appointment: Attach a justification to this form stating:

- C Selectee's superior qualifications or special need of the agency
- C Factors considering in determining existing pay and reason for setting at the higher rate
- C Reasons for authorizing an advanced rate instead of or in addition to a recruitment bonus

1. Selecting Official Name and Title CANDICE GARDNER, SUPVY PLANT BIOLGST	Signature	Date
2. Second Level Supervisor Name and Title	Signature	Date
3. Budget & Fiscal Officer Name and Title BARBARA J. DAILEY, ABFO	Signature	Date
4. Area Director/HQ Staff Office/Division Director Name and Title A.D. HEWINGS, MWA DIRECTOR	Signature	Date

Following is the first screen you will get in the Travel Authorization section of on-line travel: The items in **bold** are sample answers for each question.

TV01001	AD-202/SECTION A - IDENTIFICATION	08:31:39	04/08/03
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1. ACTION CODE:	E (E,C,A,V)	2. AUTHORIZATION DATE:	04 08 03
3. AUTHORIZATION NO:	3CS0336450001	4. SOCIAL SECURITY NO:	123 45 6789
5. NAME >>	LAST: DOE	FIRST: JOHN	MI: B
6. AGENCY CODE:	03	7. AGENCY OON:	AG03364505
8. TRAVELER OON:		9. EST DATES >> FROM:	08 01 03 THRU: 08 06 03
10. TYPE TRAVEL:	DM	11. GOVT CREDIT CARD:	Y (Y/N)
12. TRAINING DOC NO:			

	CITY	STATE
13. OFFICIAL DUTY STATION >>	MORRIS	MN
14. RESIDENT >>	DONNELLY	MN

AD-202/SECTION B - EMPLOYMENT STATUS

15. PAYROLLED BY NFC:	Y (Y/N)
16. NOT PAYROLLED BY NFC:	N (Y/N)
17. NEW HIRE:	N (Y/N)
18. SPECIAL APPOINTEE:	N (Y/N)
19. NONGOVERNMENT:	N (Y/N)

OVERTYPE FIELDS TO BE MODIFIED ----- PRESS "ENTER" KEY1

CLEAR= EXIT	PF1= MENU	PF5= TDY	PF9= HOLD	PF11= SELECT DOC
ENTER= PROCESS	PF2= INQ	PF8= HOLD AND EXIT	PF10= INIT	PF12= PROFILE

BLOCK 1. ACTION CODES (Indicate one type only)

- "E" to establish new authorizations (attach AD-202M for multiple travelers)
- "A" to amend authorization (complete blocks 2-5, 9, 40-44, and give reason in block 42)
- "C" to cancel authorization
- "V" for advance of funds only (Complete A, E, and F only).

BLOCK 2. AUTHORIZATION DATE

Use format MM-DD-YY (2 digits each; i.e., 02 14 03)

SECTION A--IDENTIFICATION

BLOCK 3. TRAVEL AUTHORIZATION NUMBER

Travel Authorization No. is 13 positions, i.e.:

3 C S 03 3645 0100

Position

- | | | |
|-------|---|---|
| 1 | = | Last digit of fiscal year (i.e. 3 stands for FY03) |
| 2 | = | Type of Authorization ("C" = Trip by Trip; "B" = Limited Open (Blanket); "L" = Local) Blanket travel authorizations are prepared annually for employees who perform repetitive travel |
| 3 | = | Number of travelers ("S" = Single; "M" = Multiple travelers) |
| 4-5 | = | Agency Code (ARS' Agency Code is 03) |
| 6-9 | = | Organization Mode Code (i.e., 3645 = North Central Soil Conservation Res. Lab.) |
| 10-13 | = | Location Sequential Number (do not duplicate numbers) |

BLOCK 4. SOCIAL SECURITY NO.

Enter traveler's Social Security No.

BLOCK 5. NAME

Enter last name, first name and middle initial (Do not use punctuation). Items such as Jr., Sr., and III are to be shown as part of the last name (e.g., Stone Jr). If the employee has a 2-part (double) last name, separate one part from the other with a space. Do NOT include hyphens for hyphenated names.

BLOCK 6. AGENCY CODE

Enter 03--ARS Agency Code--system-generated. If the traveler is a nongovernment employee, enter the code of the agency for which the traveler is traveling.

BLOCK 7. AGENCY OON (ORIGINATING OFFICE NUMBER)

Enter "AG 03" followed by your mode code (i.e., AG 03 3645 05 for Morris, MN), system--generated

BLOCK 8. TRAVELER OON

Enter the OON of the traveler **ONLY** if it is different than the agency OON shown in Block 7.

BLOCK 9. ESTIMATED DATES OF TRAVEL EXPENSES

Enter the estimated dates of travel, using the mm/dd/yy format.

BLOCK 10. TYPE TRAVEL (Only one)

DM- Domestic
FG- Foreign (even when combined with domestic)
FT- Foreign Transfer
OC- Outside contiguous U.S. (Alaska, Hawaii, Puerto Rico, and Virgin Islands, even when combined with domestic)
GR- Escorted group
RT- Return Travel
TS- Transfer of Station
OT- Outside CONUS Transfer of Station

BLOCK 11. GOVERNMENT CREDIT CARD HOLDER

For single traveler, complete; for multiple travelers, leave blank.
(Y=Yes; N=No)

Employees who travel ONCE or more per year must be offered a government credit card. If it has been offered, but refused by the employee, or the card was canceled for bad credit, Block 11 must be marked YES.

BLOCK 12. TRAINING DOCUMENT NO.

For Purpose Code 3 only (if entered in Block 25) obtain number as assigned to SF-182, Authorization, Agreement and Certification of Training Request. **NOTE:** If a training document (SF-182) is not sent to NFC for payment (i.e., training will be paid by convenience check or credit card), then the Purpose Code in Block 25 should be code 15, Informal Training and **NO TRAINING NUMBER WILL BE INSERTED IN BLOCK 12.**

BLOCK 13. OFFICIAL DUTY STATION

For single traveler, enter City/State (2 letter state code) (i.e., Morris, MN). Relocation travel is completed by Area Transportation Assistant, contact JoAnn Volk, 309-681-6628.

BLOCK 14. RESIDENT CITY AND STATE

If this is the same as the official duty station, leave this block **blank**. Otherwise, enter the city and 2-position state abbreviation code or the city and 2-position alpha country code of the employee's residence. For multiple travelers, leave blank.

SECTION B--EMPLOYMENT STATUS (Put a 'Y' in by only one)**BLOCK 15. PAYROLLED BY NFC**

Check if employee has received an ARS salary check or on payroll at NFC (usually other USDA agencies).

BLOCK 16. NOT PAYROLLED BY NFC

Check if employee is Government employee, but not PAYROLLED by NFC. If the employee is newly employed by the agency and has not received his/her **first** salary payment, the agency must still check the **Not PAYROLLED by NFC** block.

BLOCK 17. NEW HIRE

Check this block if the traveler is a **new** Federal employee (i.e., an individual who is being hired from outside of Government who has not received his/her first salary payment).

BLOCK 18. SPECIAL APPOINTEE

Check for special appointee (i.e., CETA employees, etc.)

BLOCK 19. NONGOVERNMENT

Check for Non-Federal employees (e.g., consultants, advisors, etc.)

Next screen:

TV01002 AD-202/SECTION C-ITINERARY & ESTIMATED EXPENDITURES 11:10 04/08/03

ITINERARY >>		20. FROM	21. TO				
	CITY	ST	COUNTRY CD	CITY CD	CITY OR COUNTY OR REGION	ST	
1	MORRIS	MN	*		PEORIA	IL	
2			*				
3			*				
4			*				
5			*				
6			*				
7			*				

23. EXPENDITURES >>					NUMBER	ESTIMATED
	SUB CODE	LODGING	M AND IE	RATE	DAYS	AMOUNTS
1	P	5500	3000	8500	300	25500
2						
3						
4						
5						
6						
7						

TOTAL SUBSISTENCE: 25500

ENTER DATA THEN SELECT OPTION

CLEAR= EXIT

PF1= MENU

PF8= HOLD AND EXIT

ENTER= PROCESS

PF7= PREV

PF9= HOLD

SECTION C--ITINERARY AND ESTIMATED EXPENDITURES

BLOCK 20. FROM

For CONUS: For single traveler, enter City/State where travel begins.

For multiple travelers, enter city and two-letter state code of official duty station. For foreign travel, enter the 3-position numeric country code and the 4-position numeric city code (see Appendix).

BLOCK 21. TO

Enter City/State of destination (location traveler will spend the night). Cities must be listed exactly as in the Federal Register, including punctuation. Abbreviations cannot be used. If a locality is not a key city but is located within a county specifically listed in Appendix A of the FTR, enter the appropriate county name. **Do not** enter the city name. The county name must be spelled exactly as listed in the FTR, including punctuation. Territories (PR-Puerto Rico; VI--Virgin Islands) See appendix for Foreign Location Codes.

BLOCK 22. PURPOSE OF TRAVEL

Enter brief description (a more detailed description can be shown in remarks). i.e., Present paper--ASAE mtg. Even though this block will not print out, it is in the system, and **MUST** be completed.

BLOCK 23. AUTHORIZED EXPENDITURES

For each destination, enter the applicable subsistence code (i.e., **P** for Per Diem, **A** for Actual Subsistence, **S** for Special Rate (Fixed rate; i.e., \$2/day), or **C** for Conference Allowance. If Conference rate is over 25% of the regular lodging rate, then it's "A", actual subsistence.

Enter the number of days and the system will automatically insert the appropriate lodging, and M&IE rates and calculate the estimated amounts. (This actually happens as you progress to the next page -- it doesn't happen while you are on page TV01002).

Indicate with a 'Y' other authorized expenditures to be approved:

If POV is checked, enter rate as 0360 or 0105 (See Bulletin 03-301 for appropriate rate)

If OTHER is indicated, enter whether registration fee, taxis, parking fees, road tolls, telephone calls, gas for rental car, supplies, etc. (Hotel Taxes are authorized as an "other" expense, except for international travel.)

TV01004 AD-202/SECTION C-ITINERARY & ESTIMATED EXPENDITURES 10:27 04/08/03

23. AUTHORIZED EXPENDITURES (CONTINUED):

ESTIMATED
AMOUNT

COMMON CARRIER >> IND: **Y** (Y/N) MODE: **A** METHOD: **CC** **40000**
NON-CONTRACT AIR: (0,1,2,3,4 OR SPACE)
EXCESS FARE IND: N (Y/N)
EXCESS BAGGAGE IND: N (Y/N)
GSA AUTO IND: N (Y/N)

24. TOTAL ESTIMATED EXPENDITURES AUTHORIZED: **150000**

SECTION D - ACCOUNTING CLASSIFICATION

25. PURPOSE CODE ACCOUNTING CLASSIFICATION CLAIM PERCENTAGE
02 3013645110 100

THESE PERCENTAGES MUST EQUAL 100 PCT

OVERTYPE FIELDS TO BE MODIFIED ----- PRESS "ENTER" KEY

CLEAR= EXIT

PF1= MENU

PF8= HOLD AND EXIT

BLOCK 23. AUTHORIZED EXPENDITURES (CONTINUED):

If Common Carrier Tickets is indicated, enter transportation Mode (A for Air, B for Bus, C for Air and Bus, D for Air and Train, E for Bus and Train, F for Air, Bus, and Train, T for Train, O for Other (i.e. boats, & ferries), P for cost comparison travel--POV used in lieu of common carrier transportation*).

*If an employee elects to use a POV as an alternate form of transportation, indicate "y" for common carrier, P is shown for MODE, and you must:

(a) Limit reimbursement to the constructive cost of the authorized method of transportation, which is the sum of per diem and transportation expenses the employee would reasonably have incurred when traveling by the authorized method of transportation; and

(b) Charge leave for any duty hours that are missed as a result of travel by POV.

This constructed travel should be in the remarks of the AD-202.

Also enter method of Purchase

CC - Government Contractor issued Charge Card
GV - Government Transportation System (GVTS)
TR - Government Transportation Request,
CH - Cash
VC - GVTS and credit card
TC - GTR and Government Credit Card
HC - Credit card and cash
VH - GVTS and cash
TH - GTR and cash
V3 - GVTS, cash, credit card, and GTR).
Use of Non-contract Airline (leave blank)

USUALLY: Excess Fare, leave blank
 Excess Baggage, leave blank
 GSA Auto, check if employee will use GOV
 If Car Rental is checked, estimate amount.

BLOCK 24. TOTAL ESTIMATED TRAVEL

Required, numeric field, maximum of 8 positions. The system will automatically fill in the total estimated travel IF you enter amounts for each item. If you do not enter amounts for each item, you must complete this block.

SECTION D--ACCOUNTING CLASSIFICATION

BLOCK 25. DISTRIBUTE TOTAL ESTIMATED EXPENDITURE.

A purpose code must be entered for each line of accounting.
Purpose Codes:

01 Site visit	08 Special mission travel
02 Information meeting	09 Emergency travel
03 Training attendance*	10 Other travel
04 Speech or presentation	11 Pre-employment
05 Conference attendance	12 First post of duty
06 Relocation	13 Rest and recuperation
07 Entitlement/Home leave	14 Educational
	15 Informal training**

*NOTE: If the purpose of the trip is Purpose Code 3, the training document number assigned on Form SF-182 must be provided in Block 12. A training document number is not required for Purpose Code 15. Code 3 should be used for training that is paid with an SF-182 sent to NFC for payment.

**Code 15 is used for training which is paid by Credit Card.

Accounting Classification

For ARS, left-justified with no spaces or hyphens (i.e., 2013620125). Enter the percentage of estimated expenditures for each line of accounting.

Next screen:

TV01005	AD-202/SECTION E - TRAVEL ADVANCE	11:19:43	04/08/03
26. REQUEST METHOD: (C,T,I,E,W,S,L,M)			
27. AMOUNT APPLIED FOR:			
31. DATE APPLIED FOR: 00 00 00			
32. ADVANCE MAILING ADDRESS OPTIONS> FOREIGN IND: (Y/N) TRAVEL EFT: (Y/N)			
SALARY CHECK: (Y/N) T&A CONTACT POINT: (Y/N) SPECIAL: (Y/N)			
ADDRESS:			
ADDRESS:			
CITY: ST: ZIP CODE:			
33. IMPREST FUND CASHIER SSN:		34. ADVANCE DATE RECEIVED: 00 00 00	
AD-202/SECTION F - AGENCY APPROVAL			
APPROVING OFFICER >>			
35. NAME >> LAST: DELI		FIRST: FRED	MI: B
TITLE: RESEARCH LEADER		AGENCY CODE: 03	
36. SSN: 123 45 6789		37. DATE APPROVED: 04 09 03	
38. PHONE >> AREA CODE & NO.: (320) 589 3411			
40. CONTACT PERSON>>NAME>> LAST: ANDERSON		FIRST: SUSAN	MI: A
41. PHONE>> AREA CODE & NO.: (320) 589 3411			
OVERTYPE FIELDS TO BE MODIFIED ----- PRESS "ENTER" KEY			
CLEAR= EXIT	PF1= MENU	PF8= HOLD AND EXIT	
ENTER= PROCESS	PF7= PREV	PF9= HOLD	

Travel Advances

SECTION E-TRAVEL ADVANCE

Government card holders only for foreign travel: Limitations on travel advances are 100% of M&IE (not lodging) + 80% of Miscellaneous Expenses (registration, taxi, phone). For domestic travel, a cash advance for official travel may be taken on your travel card at any ATM which accepts Visa cards (\$375/weekly, no more than \$50/day), within three business days of official travel. A PIN number was issued to each card holder at the time they received their card. **Misuse of the government travel card for anything other than official business will result in your card being revoked and the possibility of dismissal from government employment.**

Non-government card holders: Limitation on travel advances is 80% of TOTAL expenditures.

To be completed only if the traveler requests an advance.

Travel advances may be used to cover meals and incidental expenses, miscellaneous expenses (i.e., taxi or limousine fares, parking fees, etc.), mileage, and other out-of-pocket expenses. Travel advances will be limited to expenses that CANNOT be charged to the Government contractor-issued charge card. (All ARS employees who travel at least once a year should apply for an Bank of America Visa charge card, with supervisory approval.)

Section E of the AD-202, application for advance of funds may be initiated at the same time the authorization is prepared, or it may be done separately by showing a "V" in the action code at the top of the AD-202.

BLOCK 26. ADVANCE REQUEST METHOD

Select Direct Deposit, EFT to receive travel advance. This is the only method available.

BLOCK 27. AMOUNT OF ADVANCE APPLIED FOR

Enter the amount of money requested on this advance.

BLOCK 31. DATE APPLIED FOR

Enter the date that the application is signed using mm/dd/yy format.

BLOCK 32. ADVANCE MAILING ADDRESS OPTIONS

All advances must be received by direct deposit.

BLOCK 33. IMPREST FUND CASHIER

Option not available.

BLOCK 34. ADVANCE RECEIVED

Not applicable.

SECTION F--AGENCY APPROVAL

BLOCK 35. APPROVING OFFICER'S NAME AND TITLE

Enter Center Director or Research Leader's Name and Title (or Acting RL name and title), unless the authorization requires approval from the Area Office.

BLOCK 36. SOCIAL SECURITY NO.

Enter Social Security No. of Approving Officer. If the authorization is signed by an Acting RL, be sure to enter the SSN of the Acting RL

BLOCK 37. DATE APPROVED

Enter date approved (MM-DD-YY).

BLOCK 38. PHONE

Enter phone number of Approving Officer.

BLOCK 39. APPROVING OFFICER'S SIGNATURE

Have Approving Officer sign.

BLOCK 40. CONTACT PERSON'S NAME

Enter the name of the person to contact for information regarding the travel authorization if other than the approving official

BLOCK 41. PHONE

Enter the area code and telephone number of the contact person in Block 40.

Next screen:

TV01007	AD-202/BLOCK 42	REMARKS	11:20:05	04/08/03
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A.D. Hewings, Director, MWA, approves and authorizes LAO/LC to sign original

PURPOSE: To present "The Chicken Genome Project" at the International Animal Genome Conference.

Annual leave will be taken 08/4 - 08/06/03 (24 hours). Deviation to official travel is for personal reasons. All travel and transportation expenses are limited to those essential in completing official business.

ENTER DATA THEN SELECT OPTION

CLEAR= EXIT	PF1= MENU	PF8= HOLD AND EXIT
ENTER= PROCESS	PF7= PREV	PF9= HOLD

BLOCK 42. REMARKS

Type common items listed below, as needed, in "Remarks."

Traveler requests to use POV in lieu of available GOV, and will be reimbursed at a rate of 10.5 cents per mile.

Add any additional info required, including reason for amendment (for type "GR," Escorted Group, show name and country of each traveler).

IF COMBINING PERSONAL AND OFFICIAL TRAVEL, include the following:
statement: "Annual leave will be taken 'date' through 'date' (# hours). Deviation to official travel is for personal reasons. All travel and transportation expenses are limited to those essential in completing official business."

The following shows a sample reconstructed trip for a traveler deviating from official travel.

Constructed Travel

Constructed travel for Francis Sinatra, 2/28/03 - 3/02/03

2/28/03 LV Ames, IA 12:05 p.m. NW 1057
ARR Fort Collins, CO 4:18 p.m.

The round trip government airfare would have cost: \$584.00
This is for a flight into Denver and a shuttle into Ft. Collins.
Mileage to and from the airport (160 x 0.36): 57.60
Transportation between airports and hotels (shuttle): 60.00
Lodging: 109.00
M&IE: 28.50

3/01/03

On Duty in Ft. Collins, CO

Lodging: 109.00
M&IE: 38.00

3/02/03

LV Ft. Collins, CO 8:40 a.m. NW 1077
ARR Ames, IA 10:25 a.m.

M&IE: 28.50

Maximum amount allowed for mileage and per diem
based on constructed travel will be: \$1,014.60

Traveler will be charged annual leave for additional travel time necessary to
travel by POV in lieu of common carrier.

IF OUTSIDE FUNDS ARE REQUESTED: an AD-202 with supplemental page completed, as
necessary, along with the following information, must be submitted to the Area
Director for approval at least **30 DAYS PRIOR TO TRAVEL for domestic travel. A
minimum of \$250 is required for acceptance of outside funds:**

- A statement showing the mutual benefit and interest between ARS and the
cooperator,
 - A copy of a signed letter of offer from the cooperator on their
letterhead (including Universities with MMOU's), which clearly specifies
what the cooperator is providing, e-mails not acceptable
 - A statement that "Only public information will be shared and no
sensitive or confidential material will be used."
 - A reference to the authority to accept funds and the method that will be
used to accept funds for travel expenses (i.e., Under authority of 7 U.S.C.
450b, Iowa State University (MMOU 58-519-M-1302) will furnish round-trip
transportation from Ames, IA, to Peoria, IL, and lodging and meal expenses
will be paid in kind. ARS will pay salary and allowable expenses not
furnished by the Cooperator. Estimated cost to be paid by Iowa State
University is \$450.)
- Also **MUST** include:
- Completed Conflict of Interest Analysis Form (for Ethics officer
approval)
 - Completed Non-Federal Source Report (signed by traveler)(for AD
approval)
 - a. In-kind - Provide your best estimated \$ on Block 15
 - b. Reimbursement - Please leave block 15 blank
 - A letter of acceptance prepared on behalf of the Area Director per
sample on following page.

August 28, 2003

Professor James D. Dargie
Director
Joint FAO/IAEA Division
Nuclear Techniques in Food and Agriculture
Wagramer Strasse 5
P.O. Box 100
A-1400 Vienna
Austria

Dear Professor Dargie:

I am pleased to learn that Dr. Perry Gustafson has been selected to visit the International Atomic Energy Agency's Headquarters in Vienna, Austria, on October 27-November 9, 2003.

I understand Dr. Gustafson has been invited to prepare a Manual on Molecular Marker Techniques as a follow up to the Interregional Training Course on "Mutant Germplasm Characterization Using Molecular Markers". I am confident Dr. Gustafson's expertise on this subject will prove beneficial to other participants of this assignment. This is an excellent opportunity for Dr. Gustafson to interact with other scientists in this field of research. In view of the mutual benefits to be gained from this visit, the Agricultural Research Service accepts your invitation on behalf of Dr. Gustafson.

Thank you for your offer to provide round trip air accommodations, lodging and meals, for Dr. Gustafson's visit. The Agricultural Research Service will continue to pay Dr. Gustafson's salary and any expenses not provided by the FAO/IAEA. Please understand that as a Federal employee Dr. Gustafson must adhere to certain administrative procedures related to travel arrangements for this visit. I would like to communicate several of those procedures as follows:

Since Dr. Gustafson will participate in the activity as a Federal Employee, no honoraria may be accepted.

Dr. Gustafson may not accept any form of direct payment (cash or check) to defray the cost of travel and trip expenses.

You may provide "in-kind" assistance, whereby you furnish airline tickets or pay vendors directly for lodging, meals, local transportation, etc.

If "in-kind" assistance cannot be provided, you may submit a check payable to USDA, ARS, for expenses not paid in-kind.

We appreciate the invitation for Dr. Gustafson to visit your agency.

Sincerely,

Adrianna D. Hewings
Director, MWA

If elected/appointed as officer of an organization, Letter of Offer should state duration of office. Acceptance Letter can acknowledge duration of appointment; i.e., 1 year, 3 years, etc. Travel Authorization, accompanied by appropriate signed Letter of Offer, will need to be completed for individual travel, but Acceptance Letter will not be necessary.

An employee must not accept funds directly from, or submit a claim to, any non-ARS source.

The three methods of receiving payment for travel from sources outside of ARS are:

- 1) **In-Kind**, the Cooperator pays travel expenses by furnishing tickets directly to the traveler and pays the vendor directly for lodging, meals, local transportation costs, and miscellaneous expenses. This is the preferred method.
- 2) **Refund Credit to ARS**, accounting code initially charged. The traveler submits travel voucher through the ARS travel system and the Cooperator submits check made payable to USDA, ARS, to the Administrative Officer at the Location for the amount agreed upon for credit to ARS accounting code. The traveler may not accept funds directly from or by submitting a claim to the cooperator.
- 3) **Trust Fund Agreement**, Cooperator establishes an Agreement with ARS and check for the negotiated amount is deposited in advance of travel. Allow two to three months prior to travel for processing.

Outside Funds

EXAMPLE REMARKS WITH OUTSIDE FUNDS: (can be on 202 Remarks or Supplemental Page)

PURPOSE:

Invited to speak at upcoming 3rd International Transmissible Spongiform Encephalopathies Conference sponsored by the National Managed Health Care Congress (NMHCC), March 16-17, 2003. Present paper "Application of Immunohisto-Chemistry to the Diagnosis of TSE in U.S. Domesticated and Wildlife Species."

MUTUAL BENEFITS:

Dr. Miller's attendance at the NMHCC Conference will be of mutual benefit to ARS and the sponsoring organization by Dr. Miller's opportunity to interact with other scientists who are actively working on the TSE diseases in various species. The organization will benefit by learning the latest information concerning application of immunohistochemistry to the diagnosis of these diseases in animals.

Under authority 7 U.S.C. 450b, the NMHCC will provide round trip coach air transportation, lodging and meals for Dr. Miller, while attending this Conference. ARS will continue to pay Dr. Miller's salary and any expenses not provided by NMHCC. Upon completion of travel, traveler will submit an itemized list of expenses paid by the cooperator to the LAO/ABFO to review for compliance with the FTR's.

Only public information will be shared.

CONFLICT OF INTEREST ANALYSIS UNDER 41 C.F.R. § 304-1.5

ACCEPTANCE OF PAYMENT FROM A NON-FEDERAL SOURCE FOR TRAVEL EXPENSES requires in all cases that a conflict of interest analysis be performed by an authorized agency official. The “authorized official” is a designated Ethics Advisor or REE Ethics Advisor(s). To ease administration of the requirement for a conflict of interest analysis, this outline tracks the elements of the regulation. The analysis should be accomplished on this page. Additional sheets may be attached if needed.

IMPORTANT: Payment from a non-Federal source shall not be accepted if the authorized agency official determines that acceptance under the circumstances would cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations.

In making this determination, an authorized agency official shall be guided by all relevant considerations, including, but not limited to:

- (1) The identity of the non-Federal source (*see reverse for identifying information*);
- (2) The purpose of the meeting or similar function;
- (3) The identity of other expected participants;
- (4) The nature and sensitivity of any matter pending at the agency affecting the interests of the non-Federal source;
- (5) The significance of the employee's role in any such matter specified in (4) above; and
- (6) The monetary value and character of the travel benefits offered by the non-Federal source.

Analysis: Acceptance of the travel WOULD cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations?

Yes _____ No _____

Explain your response to the above question: _____

NOTE: The authorized agency official may find that, while acceptance from the non-Federal source is permissible, it is in the interest of the agency to qualify acceptance of the offered payment by, for example, authorizing attendance at only a portion of the event or limiting the type or character of benefits that may be accepted.

The qualifications on acceptance, if any, are: _____

Recommendation of Ethics Advisor: Accept _____ Do Not
Accept _____ Signature/Date: _____

RESEARCH, EDUCATION, AND ECONOMICS

APPROVAL AND REPORT OF TRAVEL FUNDS RECEIVED FROM NON-FEDERAL SOURCES

This form must be completed in its entirety or it will be returned. 31 U.S.C. 1353, subsequently printed in Chapter 304, Part 1, of the Federal Travel Regulations, and governs the acceptance of payment for travel, subsistence, and related expenses from a non-Federal source, but not from a prohibited source, in connection with the attendance of an employee and/or accompanying spouse when applicable, at certain meetings and similar functions. Agencies are also required to submit semiannual reports of payments which total more than \$250 per event, and which have been accepted under this authority. The report is based on when payment is received rather than when travel is performed. All offices must submit their Approval and Report of Travel Funds Received From Non-Federal Sources for each event that totaled more than \$250 to: USDA, ARS, Financial Management Division (FMD), Travel & Relocation Services Branch (TRSB), Room 3-2176A, 5601 Sunnyside Ave., Beltsville, Maryland 20705-5114. For the period October 1 through March 31 - submit reports by April 15 and for the period April 1 through September 30 - submit reports by October 15. Each Approval and Report of Travel Funds Received From Non-Federal Sources must have a copy of the Letter of Offer, Conflict of Interest Analysis, and Letter of Acceptance attached when submitted to FMD.

Employee	Spouse(If Applicable)
1. Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First MI Last </div>	7. Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First MI Last </div>
2. Position Title : _____	See FTR Chapter 304, Part 1, Acceptance of Payment From a Non-Federal Source for Travel Expenses and FPM Letter 451-7, Reimbursement of Travel Expenses of Individuals Attending Awards Ceremonies and REE Policy and Procedure 341.2, Acceptance of Travel Expenses form Non-Federal Sources
3. Duty Station : _____	
4. Telephone No.: (____)-____-_____	
5. Beginning Date of Travel: ____-____-_____	
6. Ending Date of Travel : ____-____-_____	
NOTES: _____ _____ _____	8. Beginning Date of Travel: ____-____-_____
	9. Ending Date of Travel : ____-____-_____
	10. Reason for Spouse's Travel _____ _____

Event Information	Acceptance Information
9. Kind of event:(check one): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Meeting <input type="checkbox"/> Seminar </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Conference <input type="checkbox"/> Speaking Engagement </div>	13 What expenses are being paid for by the non-Federal source? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Common Carrier <input type="checkbox"/> Lodging </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Meals <input type="checkbox"/> Other(Itemize)_____ </div> <div style="margin-top: 10px;"> _____ _____ </div>
10. Location of Event: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> City State/Country </div>	
11. Title of Event: _____	
12. Name of Event Sponsor: _____ Address: _____ _____	
	14. Value (in U.S. Dollars) received from non-Federal source: <div style="margin-top: 10px;"> <input type="checkbox"/> In Kind \$ _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Paid to Agency \$ _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Other (Explain) _____ </div>

I certify that the information provided on this form and all attached documents are true, complete, correct, and comply with the guidelines of 41 CFR Part 304-1, Federal Travel Regulations, Acceptance of Payment From a Non-Federal Source, for travel expenses, to the best of my knowledge.

Traveler's Signature _____ Date _____

I certify that I approved acceptance of the above travel, subsistence and related expenses from the non-Federal source in advance of the proposed travel being accomplished by the employee and after having reviewed the conflict of interest analysis on the reverse of this sheet.

Approving Official's _____ Date _____
 Signature

IF REQUESTING ACTUAL SUBSISTENCE:

Actual subsistence rates for official travel may be authorized or approved when lodging costs exceed the allowable applicable maximum per diem rate. Actual subsistence will not be authorized unless expenses exceed the lodging rate for domestic travel by at least \$5 total for the duration of the period requested. The amount requested should be the amount one actually needs to spend, but must not exceed 300% (MWA normally does not exceed 150%) of lodging plus per diem. (i.e. Conus rate in the Federal Register is \$55 lodging + \$30 M&IE = \$85 total. 150% of \$85 is \$127.50. So, the maximum actual subsistence lodging that could be requested is \$97.50 [\$120 - \$30=\$97.50]).

Requests for actual subsistence shall be made in advance by sending an email message through the LAO for Area Director (AD) approval. Documentation needs to include dates of travel, location and purpose of travel, hotel rate, tax rate, per diem rate for that location and reason for request.